

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/720629

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		4				
6		4				
7		4				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14						
15			1			
16			1			
17				1		
18			1			
19			1			
20			1			
21				1		
22				8		
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TOTAL NO.	1	1	5	1	1	1
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	1	1	4	1	1	1
TOTAL CLAIMS	2	2	6	2	2	2

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY